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PTO/SB/83 (01-06) Approved for use through 12/31/2008, OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

, , ,					
Application Number	10/816,097				
Filing Date	April 1, 2004				
First Named Inventor	Jackson				
Art Unit	3632				
Examiner Name	Le, Tan				
Attorney Docket Number	Jackson.1002				

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
Please withdraw me as attorney or agent for the above identified patent application, and								
al	all the attorneys/agents of record.							
⊠ th	ne attorneys/agents (with registration numbers) listed on the attached paper(s), or							
th	ne attorneys/agents associated with Customer Number							
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practioners associated with a customer number. The reasons for this request are: This application was withdrawn from this firm.								
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The correspondence address is NOT affected by this withdrawal.								
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Name	Todd A. Sullivan		Regist	Registration No.		47,117		
Date	August 29, 2006		Teleph	Telephone No.		603-668-1400		
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the								

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